

2020

Employer Group Waiver Plan Enrollment Kit

Thank you for considering Health New England Medicare Advantage as your health plan. This enrollment kit will give you all the important information you need to know.

MEDICARE SECURE (HMO)



Health New England
Where you matter.



Health New England

Where you matter.

How to Contact Health New England and Other Important Information

Our knowledgeable and friendly Member Services representatives are available to answer your questions and provide you with any information you may need. We are glad to help you.

Member Services

Local: (413) 787-0010
Toll-Free: (877) 443-3314
TTY: 711

Member Services Hours

8:00 a.m. – 8:00 p.m.
Monday – Friday
(Oct. 1 – Mar. 31: 8:00 a.m. – 8:00 p.m.,
seven days a week)

Visit Us In Person

Health New England is located on the 15th floor of One Monarch Place in Springfield, MA, adjacent to the Sheraton Hotel.

- Appointments available: 9:00 a.m. – 4:00 p.m.

Please call Member Services at the numbers above to schedule a visit to speak with us in person.

Mailing Address

Health New England
Attn: Medicare Advantage
One Monarch Place
Suite 1500
Springfield, MA 01144-1500

Website

healthnewengland.org/medicare

Prescription Drugs

Toll-Free: (800) 393-0395
TTY: 711
24 hours a day, seven days a week

Medicare (U.S. Government Office)

Toll-Free: (800) 633-4227
TTY: (877) 486-2048
24 hours a day, seven days a week
medicare.gov

Health New England Medicare Advantage is an HMO and HMO-POS Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call (413) 787-0010 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-0010 o TTY 711. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-0010 ou TTY 711.

COM3953_1019_SECURE (HMO)

Thanks For Your Interest

Thank you for considering Health New England Medicare Advantage as your health plan.

This guide includes detailed information about your Medicare Advantage plan.

We are committed to helping you through this process to make the most informed decision about your Medicare coverage. As the only local Medicare plan based in Western Massachusetts, our offices are located in downtown Springfield and we invite you to stop in to meet with a Health New England Medicare Advantage Plan Specialist.* Our contact information and appointment hours are listed on the inside cover of this booklet.

Meet Our Team



Kerry, Lee, Sarah and Carla

Kerry* has been with Health New England for 20 years and has a strong background in customer service. Prior to joining the Medicare team in 2009, Kerry spent many years in Health New England's Member Services Call Center. Kerry's patience and warm approach in ensuring that our members understand how Medicare works makes her a true asset to our team.

Lee* joined Health New England seven years ago. Prior to that, Lee was, and still is, a registered nurse. To say Lee loves taking care of people would be an understatement; it is his passion! Lee is our dedicated local representative for Berkshire County, and he also helps our members throughout Western Massachusetts.

Sarah* has been with Health New England for 20 years and has a deep knowledge of Medicare and a strong commitment to customer service. Prior to becoming Medicare Sales Manager, Sarah was the Member Services Call Center Manager. It's her goal to ensure our members understand their plans and get treated like family.

Carla* has been with Health New England for 15 years and works closely with our members in the community. She's been with the Medicare team since 2009. She helps Medicare beneficiaries understand how Medicare works and ensures they know every option available to them. Carla recently won our company's highest employee honor for her dedication and service to our Medicare members.

We look forward to getting to know you and helping you with your Medicare plan. Thank you for your interest in Health New England.

**Licensed health insurance sales representative*

What's in this Guide?

This enrollment guide will give you all of the important information you need to know about this Health New England Medicare Advantage plan. We've organized this booklet into color coded sections to help make it easy for you to find what you need. Below is an outline of the information you will find in each section.

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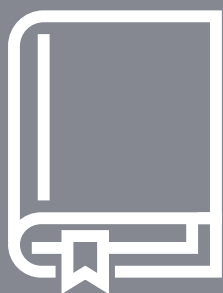
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Refer to the Summary of Benefits for in-depth plan information and other important information.

SECTION 1

Plan Overview and Summary of Benefits

The Plan Overview gives you a quick view of the plan's copayments and coverage, as well as additional benefits.

The Summary of Benefits provides an in-depth explanation about the plan.

Additional information about our benefits and programs is available in the Benefits, Allowances and Programs section of this booklet.

Plan Overview Chart - Calendar Year 2020

Employer Group Waiver Plan | Medicare Secure (HMO)

Benefit	Medicare Secure (HMO)
MEDICAL	
Out-of-Pocket Maximum	\$3,400
Office Visits (\$0 annual preventive exam)	\$15
Specialist Office Visits	\$15
Inpatient Hospital (3 copayment maximum)	\$300 per admission
Outpatient Surgery	\$150*
Skilled Nursing Facility (SNF) (per day)	Days 1-5: \$0 copay* Days 6-50: \$75 copay* Days 51-100: \$0 copay*
Worldwide Emergency Room (ER)	\$65
Ambulance	\$75*
Outpatient Rehabilitation**	\$15*
High Cost Imaging	\$50*
Durable Medical Equipment/Prosthetics	\$0*
ADDITIONAL BENEFITS	
Routine Hearing Exam ⁺	\$15
Hearing Aid Benefit - TruHearing ^{TM***}	\$699 copay per aid Flyte 700 Advanced \$999 copay per aid Flyte 900 Premium
Preventive Vision Exam - EyeMed ⁺¹ (including refraction)	\$0
Vision Eye Wear Allowance - EyeMed ⁺¹	\$100 every two years
Dental Services Allowance ⁺	\$250 per year
Fitness Center/Weight Watchers®/Safety Items/ Over-the-Counter Allowance/ Acupuncture/Activity/Fitness Tracker ⁺	\$150 per year
Wig Allowance (if on chemotherapy) ⁺	\$350 per year
PRESCRIPTION DRUGS	
Initial Coverage: Up to \$4,020 in Drug Costs	\$4 Preferred Generic \$10 Generic \$25 Preferred Brand \$45 Non-Preferred drug \$50 Specialty Tier
Mail-Order (Three-month supply)	\$8 Preferred Generic \$20 Generic \$50 Preferred Brand \$135 Non-Preferred drug
Coverage Gap: Over \$4,020 in Drug Costs; Up to \$6,350 in Out-of-Pocket Costs	\$4 Preferred Generic \$10 Generic \$25 Preferred Brand \$45 Non-Preferred drug \$50 Specialty Tier
Catastrophic Coverage: Over \$6,350 in Out-of-Pocket Costs	Generic: you pay the greater of \$3.60 or 5% coinsurance. All other drugs: you pay the greater of \$8.95 or 5% coinsurance.

- * Some services require prior authorization. Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from Health New England on your behalf.
- ** Prior Authorization required for rehabilitation services after visit 25 or if services are rendered in a SNF as an outpatient benefit when member is a resident of the SNF.
- *** You must see a TruHearing™ provider to use this benefit. Other providers are available in our network. Please note, hearing aids purchased through other providers are not covered.
- + Health New England additional benefits include allowances that must be used within the one or two calendar year period, as well as other additional benefits. If you have questions about what items and services are covered, refer to the Summary of Benefits or call Member Services at one of the numbers listed below.
- ¹ You must use an EyeMed® provider.

Health New England Medicare Advantage is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. Other providers are available in our network. This information is not a complete description of benefits. Call (413) 787-0010 (TTY: 711) for more information.

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Summary of Benefits and Important Information for 2020

This booklet contains in-depth plan details and other important information about our Medicare Advantage plan options.



Health New England
Where you matter.



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at (413) 787-0010 or (877) 443-3314 or TTY: 711.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit healthnewengland.org/medicare/eoc or call (413) 787-0010 or (877) 443-3314 or TTY: 711 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- ☐ Except in emergency or urgent situations, Health New England Medicare (HMO) plans do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Our Health New England Medicare Secure Freedom (HMO-POS) plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received from non-contracted providers.

2020 Summary of Benefits

Health New England Medicare Advantage HMO Plans with Part D Prescription Drug Coverage: Health New England Medicare Secure Employer Group Waiver Plan (HMO)

January 1, 2020 – December 31, 2020

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at (413)787-0010, toll free (877)443-3314 or TTY: 711 to request the **"Evidence of Coverage"** or visit www.healthnewengland.org/medicare.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Health New England Medicare Secure Employer Group Waiver Plan (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Health New England Medicare Secure (HMO) Employer Group Waiver Plan** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Health New England Medicare Secure (HMO) Employer Group Waiver Plan**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at (877)443-3314 (TTY: 711).

Things to Know About Health New England Medicare Secure (HMO) Employer Group Waiver Plan

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Health New England Medicare Secure (HMO) Employer Group Waiver Plan Phone Numbers and Website

- If you are a member of this plan, call us at (413)787-0010, toll free (877)443-3314 or TTY: 711.
- If you are not a member of this plan, call us at (413)787-0010, toll free (877)443-3314 or TTY: 711.
- Our website: www.healthnewengland.org/medicare

Who can join?

To join **Health New England Medicare Secure (HMO) Employer Group Waiver Plan**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and your employer must live in our service area. Our service area is nationwide, including all 50 states, District of Columbia and U.S. territories.

Which doctors, hospitals, and pharmacies can I use?

Health New England Medicare Secure (HMO) Employer Group Waiver Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website www.healthnewengland.org/medicare.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.healthnewengland.org/medicare.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**If you have any questions about this plan's benefits or costs, please contact
Health New England Medicare Advantage Plans for details.**

SECTION II - SUMMARY OF BENEFITS

Health New England Medicare Secure (HMO) Employer Group Waiver Plan

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium?	<p>Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>
How much is the deductible?	<p>This plan does not have a deductible.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$3,400 for services you receive from in-network providers. <p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE:

- **SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.**

Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none">• \$300 copay per stay• There is a \$900 out-of-pocket limit every year.
Outpatient Hospital Coverage¹	<p>\$0-150 copay, depending on the service.</p> <p>The copayment range for Outpatient Hospital Services describes the varying cost share based on the services provided. The minimum copayment applies to services related to the monitoring of Coumadin treatment.</p> <p>The maximum copayment applies to all other outpatient clinic services.</p>
Ambulatory Surgical Center	<p>Ambulatory Surgical Center: \$150 copay.</p>
Doctor's Office Visits	<p>Primary care physician visit: \$15 copay.</p> <p>Specialist visit: \$15 copay.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

SECTION II - SUMMARY OF BENEFITS

Health New England Medicare Secure (HMO) Employer Group Waiver Plan

Preventive Care	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$65 copay.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Includes worldwide coverage.</p>
Urgently Needed Services	<p>\$15 copay.</p> <p>Includes worldwide coverage</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may be different if received in an outpatient surgery setting)¹</i>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0-50 copay, depending on the service.</p> <p>Diagnostic tests and procedures: You pay nothing.</p> <p>Lab services: You pay nothing.</p> <p>Outpatient x-rays: You pay nothing.</p> <p>Diagnostic imaging (CT Scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology)¹: \$50 copay.</p>
Hearing Services Hearing Aids	<p>Exam to diagnose and treat hearing and balance issues: \$15 copay.</p> <p>Routine hearing exam (for up to 1 every year): \$15 copay.</p> <p>\$699 copay per aid for Advanced Aids</p> <p>\$999 copay per aid for Premium Aids</p> <p>Up to two Hearing Aids per year. Must use a TruHearing provider to use this benefit.</p>
Dental Services¹	<p>Limited dental services (dental care required to treat illness or injury): \$15-150 copay depending on the service.</p> <p>Our plan reimburses up to \$250 every year for most dental services as an additional benefit.</p> <p>Please Note: Member must pay out of pocket for dental services and submit paid receipts to receive reimbursement.</p>
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-15 copay, depending on the service.</p>

SECTION II - SUMMARY OF BENEFITS

Health New England Medicare Secure (HMO) Employer Group Waiver Plan

	<p>Routine eye exam (for up to 1 every year): You pay nothing. You must use an EyeMed vision provider for this benefit.</p> <p>Our plan pays up to \$100 every two years for eyewear. You must use an EyeMed vision provider for this benefit.</p>
Mental Health Care¹	<p>Inpatient visit:</p> <ul style="list-style-type: none">• \$300 copay per stay <p>Outpatient group therapy visit: \$15 copay.</p> <p>Outpatient individual therapy visit: \$15 copay.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days."</p> <p>These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none">• You pay nothing per day for Days 1 through 5 per day.• \$75 copay per day for Days 6 through 50 per day.• You pay nothing per day for Days 51 through 100 per day. <p>No prior hospital stay is required.</p>
Physical Therapy¹	<p>Occupational therapy visit: \$15 copay.</p> <p>Physical therapy and speech and language therapy visit: \$15 copay.</p>
Ambulance¹	<p>\$75 copay.</p> <p>Ambulance transportation limited to Medicare covered medically necessary ambulance services. Chair Vans are not covered.</p>
Transportation	<p>Not covered.</p>
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs¹: You pay nothing.</p> <p>Other Part B drugs¹: You pay nothing.</p>

SECTION II - SUMMARY OF BENEFITS

Health New England Medicare Secure (HMO) Employer Group Waiver Plan

PRESCRIPTION DRUG BENEFITS

Initial Coverage

You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 3 (Preferred Brand)	\$25 copay	\$50 copay	\$75 copay
Tier 4 (Non-Preferred Drug)	\$45 copay	\$90 copay	\$135 copay
Tier 5 (Specialty Tier)	\$50 copay	Not Applicable	Not Applicable

Standard Mail Order

Tier	Three-month supply
Tier 1 (Preferred Generic)	\$8 copay
Tier 2 (Generic)	\$20 copay
Tier 3 (Preferred Brand)	\$50 copay
Tier 4 (Non-Preferred Drug)	\$135 copay
Tier 5 (Specialty Tier)	Not Applicable

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

If you request and the plan approves a formulary exception, you will pay Tier 4: Non-Preferred Drug cost sharing.

Coverage Gap

Health New England Medicare Secure (HMO) Employer Group Waiver Plan provides additional coverage during the Coverage Gap stage. Therefore, you have no coverage gap and no donut hole. Because Health New England Medicare Secure (HMO) Employer Group Waiver Plan provides this additional coverage, this payment stage does not apply to you. You will continue to pay the same cost sharing for your drugs as you did in the Initial Coverage Stage (listed above) until you qualify for the Catastrophic Coverage Stage. These cost-sharing amounts already include the Medicare Coverage Gap Discount Program manufacturer discounts for brand name drugs.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:

SECTION II - SUMMARY OF BENEFITS

Health New England Medicare Secure (HMO) Employer Group Waiver Plan

- | | |
|--|--|
| | <ul style="list-style-type: none">• \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs, or• 5% of the cost. |
|--|--|

OUTPATIENT CARE AND SERVICES

Acupuncture / Fitness Center/ Weight Watchers®/ Over-the- Counter / Activity Tracker Items	Combined annual allowance of \$150.00 Please Note: Member must pay out of pocket and submit paid receipts to receive reimbursement for the services or items.
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay.
Home Health Care¹	You pay nothing.
Outpatient Substance Abuse	Group therapy visit: \$15 copay. Individual therapy visit: \$15 copay.
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items.
Renal Dialysis	You pay nothing.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit ¹ : \$0 copay.

Health New England Medicare Advantage is an HMO and HMO-POS Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal.

Where you matter.

At Health New England, our mission is to improve the health and lives of the people in our communities, and we are deeply committed to the individuals we serve every day. Based in Springfield, Massachusetts, we have been meeting the health care needs of our members for more than 30 years.

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SECTION 2

Benefits, Allowances and Programs

We are committed to meeting your health care needs.

In addition to providing coverage if you ever need medical services, we want to help you stay healthy and improve your overall well-being.

Health New England Medicare Advantage also offers various tools and clinical programs designed to help our members stay healthy, seek care, manage complex health conditions and manage medications.

For a more in-depth explanation about the plan, please refer to the Summary of Benefits.

For a quick reference, see the Plan Overview in the previous section of this booklet.

Beyond basic health care benefits

Hearing Aids

Save thousands of dollars with our hearing aid benefit, provided through TruHearing®. Health New England Medicare Advantage plans cover up to two hearing aids per year when purchased through TruHearing,* with a copayment of \$699 per aid for the Advanced option or \$999 per aid for the Premium option. TruHearing offers a full range of styles, sizes and colors, wireless smartphone connectivity, and multi-channels/programs.

Benefit includes:**

- Initial hearing exam with an in-network provider (copay will apply)
- Three follow-up visits for fitting and adjustments
- A 3-year manufacturer warranty
- A 45-day trial period
- 48 batteries per aid (with non-rechargeable models)
- Rechargeable battery option available for some models

Call TruHearing to learn more at **(844) 319-7458 (TTY 711)**, 8:00 a.m. to 8:00 p.m., Monday through Friday.

Hearing Exams

All of our plans cover one supplemental routine hearing exam per calendar year with a copayment. You can obtain this service from in-network providers and they will bill Health New England for the service.

Nutritional Education

Our plans provide medical nutrition education. This benefit is available to all members and includes up to four one-hour visits per calendar year. You can obtain this service from in-network providers and they will bill Health New England for the service.

Physical Exam & Well-Care Visit

Original Medicare only covers an annual well-care visit to develop or update a personalized prevention plan based on your current health and risk factors. Health New England covers the well-care visit along with a comprehensive physical, hands-on exam each year as an additional benefit at no cost to you. Health New England also offers members a gift-card incentive for completing either an annual physical exam or well-care visit.



**You must see a TruHearing provider to use this benefit. Other providers are available in our network. Please note, hearing aids purchased through other providers are not covered. **Three follow-up visits must be used within one year after the date of initial purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service.*

Vision Care

With our EyeMed® additional benefit, you pay nothing for one routine eye exam with refraction per calendar year. You also get an allowance for your prescription eyewear every two calendar years. This allowance is applied at the point of service when obtained from an in-network EyeMed provider. Covered items include eyeglasses (lenses and/or frames) and contact lenses.

Allowances and reimbursements

We want to help make it a little easier for you to make important lifestyle choices. That's why Health New England Medicare Advantage plan options provide several allowances and reimbursements to help you stay healthy.

Each allowance is subject to the limits described in the Allowances Chart to the right. You will pay for the items or services first, then you will submit appropriate receipts and documentation for reimbursement from Health New England. The prescription eyewear allowance is offered at point of service and is not a reimbursement.

Allowances Chart

Dental	\$250 Reimbursement per calendar year
Fitness Center, Weight Watchers®, Acupuncture, Over-the-Counter Items and Activity Tracker (See details below.)	Combined total of \$150 Reimbursement per calendar year
Prescription Eyewear (Benefit must be obtained from an in-network EyeMed® provider.)	\$100 Allowance at point of service every two calendar years
Wig (Applies if you are on or have recently undergone chemotherapy.)	\$350 Reimbursement per calendar year
Note: Each allowance is paid on a calendar year basis. A calendar year is the twelve month period from January to December. Any unused portion of an allowance cannot be carried over from the one or two calendar year period to the next.	

The Fitness Center, Weight Watchers®, Acupuncture, Over-the-Counter Items and Activity Tracker Allowance is a combined benefit total of up to \$150 per calendar year. Over-the-counter items include shower chairs, grab bars, raised toilet seats, automatic blood pressure cuffs, bathtub benches/stools and compression stockings.

¹These additional benefits are covered under all Health New England Medicare Advantage plans.

It's important to know the care options available to you when you need them, especially during a period of illness or while managing a chronic health condition.

Our tools and programs will help you get the right care when you need it and often can help you save money in the process.



Tools and programs for managing your health

Comprehensive Health Assessment

Members of Health New England Medicare Advantage receive free, online access to the Healthy Directions web portal, powered by WebMD® Health Services, at webmdhealth.com/hne. Take advantage of the portal's many helpful tools and complete your Comprehensive Health Assessment within the first 90 days of your plan membership so we can help you manage your health effectively. You'll also have access to a digital health assistant, self-management tools, health trackers, healthy recipes and much more to help improve your overall health and well-being.

Options for Seeking Care

For non-emergency or routine care, we always recommend that you consult your primary care provider (PCP) first, whenever possible. However, if you can't reach your PCP, Health New England offers other options:

Nurse Advice Line

Free health advice is available from experienced Registered Nurses 24 hours a day, 7 days a week by calling Health New England's health information line at **(866) 389-7613**. Our team of medical professionals are available to answer questions about your health, help you determine whether to seek additional care, and address medication questions. Our caring professionals will listen carefully to your concerns and give you information to help you choose the care that's right for you.

Teladoc®*

Health New England Medicare Advantage members have access to Teladoc,* our telehealth service. You can request a phone, mobile app or online video consultation with a U.S. board-certified physician, 24 hours a day, 7 days a week, 365 days a year, to treat non-emergency, non-chronic medical issues such as colds and the flu, bronchitis, allergies, rashes and more. Go to **Teladoc.com**, download the mobile app or call **(800) 835-2362** to get started. Remember, these options do not replace your PCP. If you need immediate medical attention, call 911 or go to the nearest emergency room. For non-emergency issues, please contact your PCP first.

*©2019 Teladoc, Inc. All rights reserved.
Complete disclaimer at Teladoc.com/HNE.

Support for Managing Complex Conditions

Care Management

Our Care Management programs are available to help members with long-term health challenges. Experienced care managers and care coordinators will help manage your care and your relationships with physicians and health care providers. Once enrolled into a program, a nurse or social worker will work with you to help you manage your health condition and risk factors through regular phone calls and check-ins.

We offer the following Care Management programs:

Behavioral Health (including depression, mental health, substance use disorder and social case management)

Complex Care Management

Care Coordination

Diabetes and Congestive Heart Failure Care Management Program

Disease Management (including asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes and hypertension)

Falls Prevention Program

Transitions of Care Program

This program is available to help members plan a smooth transition after a hospital stay. We offer one-on-one support from a certified nurse at no additional cost. The nurse offers coaching that will help guide you before and during your transition to home or a rehabilitation facility.

Home Services

Matrix In-Home Health Visits

Health New England works closely with Matrix Medical Network to offer a comprehensive in-home health visit at no cost to Medicare Advantage members. Scheduled at your convenience in your own home, the Matrix visit is nearly an hour of uninterrupted time with a licensed, board-certified medical provider who reviews your medical history and medications, and can answer your health questions.

New Meals Program – Post-Hospitalization

Medicare Advantage members who are discharged from an inpatient stay at a hospital may qualify to have up to 28 fully-prepared, nutritious meals (2 meals per day for 14 days) delivered to their home by a plan-approved vendor at no cost. The home meal benefit must be requested within 30 days of discharge from an acute inpatient hospital.

Help Managing Medications*

Medication Therapy Management Program

If you have complex health needs, take multiple prescription drugs and have high prescription drug costs, you may be eligible to participate in our Medication Therapy Management Program once you become a member.*

This program provides members with a chance to review medications with a medical professional – either a pharmacist or registered nurse. This program is available at no charge and is included with our Medicare Part D benefits.

Participating in our Medication Therapy Management Program can help you to take an active role in your medication management, decrease your health care costs, and reduce your risk of medication-related problems. Also, by switching to a generic alternative, you can save money on copays each time you fill a prescription and reduce your prescription drug costs, which can help you from reaching the coverage gap.**

**For members enrolled in a Health New England Medicare Advantage plan with prescription benefits.*

***Plans will have a coverage gap, also called a “donut hole” where a temporary limit will be set on what the plan will pay after you have spent a certain amount for covered drugs. If you have the Premium, Plus or Value plan, your share of the cost will increase while in the coverage gap. If you have the Secure, Secure 10 or Secure Freedom plan, you will have the same cost sharing in the coverage gap as you do in the Initial Coverage Phase. With any of these plans, once you are out of the coverage gap and have spent \$6,350 (for 2020), your coverage will automatically be considered “catastrophic coverage,” and you will only pay a small amount of shared costs.*

Access to Our Online Member Portal, [my.HealthNewEngland.org](https://my.healthnewengland.org)

As a Health New England Medicare Advantage member, you will be able to view all of your health care claims and benefits online through our convenient online Member Portal. All you will need to do is go to **[my.HealthNewEngland.org](https://my.healthnewengland.org)** and register to take advantage of the following helpful features:

- Request a new ID card.
- View recently processed medical and pharmacy¹ claims.
- Find a provider and see who’s accepting new patients.
- Reference benefits included in your health plan.
- View monthly premiums, if applicable.
- Learn about your personal pharmacy benefits, look up drugs and pharmacies, and more.¹
- Get quick access to Teladoc,[®] your telehealth benefit.

¹Pharmacy claims and benefits apply only to members with a Health New England Medicare Advantage plan with prescription drug benefits.



SECTION 3

Providers, Pharmacies and Prescription Drugs

We make it easy for you to find doctors, hospitals, other health care providers and pharmacies in Health New England's Medicare Advantage network.

In addition to a robust network of providers, Health New England Medicare Advantage also offers a prescription benefit to help you take care of your health.



Providers, Pharmacies and Prescription Drugs

Finding providers, pharmacies and prescription drugs

As you are considering our Medicare Advantage plans, you will want to be sure that your primary care provider is in our network and that your prescription drugs are covered. You can search our current list of participating primary care physicians, specialists, hospitals and pharmacies, as well as covered prescription drugs, on our website at healthnewengland.org/medicare.

Finding Providers

1. Visit healthnewengland.org/medicare/provider to access our online searchable directory.
2. Click on “**Search Providers.**”
3. Follow the prompts on screen to begin your search.

If you need help finding a network provider, please call **(413) 787-0010** or **(877) 443-3314 (TTY: 711)**. If you would like a provider directory mailed to you, you may call the number above, request one at the website link provided above, or email enrollmentmedicare@hne.com.

Finding a Pharmacy

1. Visit healthnewengland.org/medicare/pharmacy to access our online searchable directory.
2. Scroll down and click on “**Find a Pharmacy.**”
3. Follow the prompts on screen to begin your search.

If you want a Pharmacy Directory mailed to you, or if you need help finding a network pharmacy, please call **(413) 787-0010** or **(877) 443-3314 (TTY: 711)**. You may also email your request for the directory to enrollmentmedicare@hne.com.

Finding a Prescription Drug

1. Visit healthnewengland.org/medicare/pharmacy to access our online formulary.
2. Scroll down and click on “**Find a Drug.**”
3. Follow the prompts on screen to begin your search.

If you have a question about covered drugs, please contact Health New England Medicare Advantage’s pharmacy benefit manager OptumRx at **(800) 393-0395 (TTY: 711)**, available 24 hours a day, seven days a week. If you would like a formulary mailed to you, you may call the number above, request one at the website link provided above, or email enrollmentmedicare@hne.com.



SECTION 4

Enrollment

We are committed to making enrollment into our Medicare Advantage plans simple. Fill out the enclosed Enrollment Request Form, choose your Primary Care Provider (PCP), and submit the completed form to your employer's benefit administrator.

4

How to Enroll

in a Health New England Medicare Advantage Employer Group Waiver Plan

Enrollment into a Health New England Medicare Advantage plan happens during certain timeframes. Ask your employer's benefit administrator for more information or call our Member Services Department. At Health New England, we want to make it easy to enroll.

If you want to enroll in the Health New England Medicare Advantage Employer Group Waiver Plan:

- **Complete the Enrollment Form** located in this section.
- Be sure to **choose a Primary Care Provider, AND**
- **Submit the completed form** to your employer's benefit administrator.

Your Monthly Premium

Your coverage is provided through a contract with your current or former employer. Please contact your employer's benefit administrator for information about your plan premium. Once you are enrolled in an Health New England Medicare Advantage Employer Group Waiver Plan, you must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

Eligibility Requirements

You can generally join a Medicare Advantage plan if you are enrolling during a valid election period and:

- You are entitled to Medicare Part A and are enrolled in Medicare Part B.
- You live in the United States.
- You do not have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated. If you had ESRD but no longer require regular dialysis or have had a successful kidney transplant, you would not be considered to have ESRD any longer. In this case, you should send us a doctor's note or records showing that the ESRD status has changed and you may be eligible for enrollment.
- In addition, under this Employer Group Waiver Plan, you are subject to the eligibility rules of your employer. Please contact your employer's benefits administrator for more information on your employer's eligibility requirements.

What to Expect After You Submit Your Enrollment Request

Health New England will send you an acknowledgement letter confirming we have received your enrollment request. We will send your enrollment to Medicare, and they will make the final determination regarding your enrollment. When Medicare finishes its review, we will send you a letter to confirm your enrollment has been accepted with Health New England Medicare Advantage. If Health New England requires any additional information to complete your enrollment request, we will communicate this in writing to you. It is important that you respond to that request within the specified time frames or we may need to deny your enrollment until that information can be collected.

Get Your Questions Answered

You may call our Member Services Department at (413) 787-0010 or (877) 443-3314. TTY users call 711. A representative is available 8:00 a.m. to 8:00 p.m., Monday through Friday (Oct. 1 - Mar. 31, 8:00 a.m. - 8:00 p.m., seven days a week). For questions related to Prescription Drug coverage, call (800) 393-0395, 24 hours a day, seven days a week. TTY users should call 711. Please contact your employer's benefit administrator for more information on your employer's eligibility requirements or your plan premium.

Other Important Information

Health New England Medicare Advantage is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. If you enroll in one of our Medicare Advantage HMO/HMO-POS plans, you may go to any network provider without a referral from your primary care provider. Members enrolled in our Health New England Medicare Premium (HMO), Health New England Medicare Plus (HMO), Health New England Medicare Value (HMO), Health New England Medicare Secure (HMO) and Health New England Medicare Secure 10 (HMO) Employer Group Waiver Plans must use Health New England network providers for all routine medical care. Members enrolled in our Health New England Medicare Secure Freedom (HMO-POS) Point of Service Employer Group Waiver Plan can choose to get routine medical care from network providers or use their Point of Service benefit to get care from non-network providers. Health New England Medicare Secure Freedom members pay more when they use non-network providers for routine medical care. Out-of-network/non-contracted providers are under no obligation to treat Health New England members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. Some services require prior authorization. Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from Health New England on your behalf. Members of the Health New England Medicare Secure Freedom (HMO-POS) Employer Group Waiver Plan who choose to get these services out-of-network are responsible for getting prior authorization from Health New England. Please tell your out-of-network provider that prior authorization is required. The provider may be willing to contact Health New England Member Services for you to get prior authorization. Call Member Services to confirm prior authorization. For a complete list of services that require prior authorization, refer to the Summary of Benefits.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

Medicare 800-MEDICARE - (800) 633-4227	TTY users should call (877) 486-2048	24 hours a day 7 days a week
The Social Security Administration (800) 772-1213	TTY users should call (800) 325-0778	7:00 a.m. to 7:00 p.m. Monday through Friday
Your state Medicaid Office or Prescription Advantage (800) 243-4636	TTY users should call (877) 610-0241	9:00 a.m. to 5:00 p.m. Monday through Friday

This information is not a complete description of benefits. Call (413) 787-0010 or TTY 711 for more information.



Health New England

One Monarch Place, Suite 1500
Springfield, MA 01144-1500
(413) 787-0010 | (877) 443-3314 | TTY 711

healthnewengland.org/medicare

EMPLOYER GROUP WAIVER PLAN ENROLLMENT REQUEST FORM

Please contact Health New England Medicare Advantage Employer Group Waiver Plan if you need information in another language or format.

To enroll in an Health New England Medicare Advantage Employer Group Waiver Plan, please provide the following information:

Employer Name:		Group #:	
LAST Name:	FIRST Name:	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date: (____ / ____ / ____) (MM / DD / YYYY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: ()	Alternate Phone Number: ()
Permanent Residence Street Address (P.O. Box is not allowed.):			
City:		State:	ZIP Code:
Mailing Address (only if different from your Permanent Residence Address):			
Street Address:		City:	State: ZIP Code:
E-mail Address:			

Please provide your Medicare Insurance information.

Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card. - OR - Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. You must have Medicare Part A and Part B to join a Medicare Advantage plan.	Name (as it appears on your Medicare card): _____
	Medicare Number: _____
	Is Entitled To: Effective Date:
	HOSPITAL (Part A) _____
	MEDICAL (Part B) _____

Please read and answer these important questions:

1. Are you the retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, retirement date: (month/date/year): _____ If no, name of retiree: _____
2. Are you covering a spouse or dependents under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of spouse: _____ Name of dependents: _____

<p>3. Do you or your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Do you have End Stage Renal Disease (ESRD)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.</p>
<p>5. Some individuals may have other drug coverage, including other private insurance, Workers' Compensation, VA benefits or State pharmaceutical assistance programs.</p> <p>Will you have other <u>prescription</u> drug coverage in addition to a Health New England Medicare Employer Group Waiver Plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list your other coverage and your identification (ID) number(s) for this coverage:</p> <p>Name of other coverage: _____ ID # for this coverage: _____</p>
<p>6. Are you a resident in a long-term care facility, such as a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the following information:</p> <p>Name of Institution: _____ Address & Phone Number of Institution (number and street): _____</p>
<p>Please choose the name of a Primary Care Provider (PCP): _____</p> <p>PCP Provider ID # (Found in the Provider Directory): _____</p>
<p>Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format. <input type="checkbox"/> Large Print <input type="checkbox"/> Other format _____</p> <p>Please contact Health New England Medicare Advantage at (413) 787-0010 or (877) 443-3314 (TTY users should call 711) if you need information in an accessible format or language other than what is listed above. Our office hours are: 8 a.m. - 8 p.m., Monday - Friday (October 1 - March 31: 8 a.m. - 8 p.m., seven days a week).</p>
<p>Please read and sign below.</p>

By completing this enrollment application, I agree to the following:

Health New England Medicare Advantage Employer Group Waiver Plan is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Part A and Part B coverage.

I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year or under certain special circumstances. Please contact your employer's benefit administrator for more information on times you can enroll.

Health New England Medicare Advantage Employer Group Waiver Plan serves a specific service area. If I move out of the area that Health New England Medicare Advantage Employer Group Waiver Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of a Health New England Medicare Advantage Employer Group Waiver Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Health New England Medicare Advantage Employer Group Waiver Plan when I get it to know which rules I must follow in order to get coverage with this Medicare Advantage Employer Group Waiver Plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date the Health New England Medicare Advantage Employer Group Waiver Plan coverage begins, I must get all of my health care from the Health New England Medicare Advantage Employer Group Waiver Plan, except for emergency or urgently needed services or out-of-area dialysis services. Members enrolled in our Health New England Medicare Plus (HMO), Health New England Medicare Premium (HMO), Health New England Medicare Value (HMO), Health New England Medicare Secure (HMO) and Health New England Medicare Secure 10 (HMO) Employer Group Waiver Plans must use Health New England network providers for all routine medical care. Members enrolled in our Health New England Medicare Secure Freedom (HMO-POS) Point of Service Employer Group Waiver Plan can choose to get routine medical care from network providers or use their Point of Service benefit to get care from non-network providers. Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from Health New England on your behalf. Members of the Health New England Medicare Secure Freedom (HMO-POS) Employer Group Waiver Plan who choose to get these services out-of-network are responsible for getting prior authorization from Health New England. Please tell your out-of-network provider that prior authorization is required. The provider may be willing to contact Health New England Member Services for you to get prior authorization. Call Member Services to confirm prior authorization. For a complete list of services that require prior authorization, refer to the Summary of Benefits. Services authorized by Health New England Medicare Advantage Employer Group Waiver Plan and other services contained in my Health New England Medicare Advantage Employer Group Waiver Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE HEALTH NEW ENGLAND MEDICARE ADVANTAGE EMPLOYER GROUP WAIVER PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Health New England Medicare Advantage Employer Group Waiver Plans, he/she may be paid based on my enrollment in Health New England Medicare Advantage Employer Group Waiver Plan.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Health New England Medicare Advantage Employer Group Waiver Plan will release my information including my prescription drug event data to Medicare (if applicable), who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Your Signature:

Today's Date:

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: _____

Relationship to Enrollee: _____

This section to be completed by employer.

Group Name: _____

Group/Div#: _____

Effective Date: _____

New enrollment reason:

☐ Annual open enrollment ☐ Retirement ☐ Moved into service area ☐ Other

Employer Signature: _____ Date: _____

Office Use Only:

Name of staff member/agent/broker (if assisted in enrollment): _____

Plan ID #: _____

Effective Date of Coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

SECTION 5

Legal Notices

Notice Informing Individuals of Nondiscrimination and Accessibility

Multi-Language Services

Notice of Privacy Practices

Plan Rating Information



Notice Informing Individuals of Nondiscrimination and Accessibility

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health New England does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health New England:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Susan O'Connor, Vice President and General Counsel.

If you believe that Health New England has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Susan O'Connor, Vice President and General Counsel, One Monarch Place, Suite 1500, Springfield, MA 01104-1500, Phone: (888) 270-0189, TTY: 711, Fax: (413) 233-2685 or ComplaintsAppeals@hne.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Susan O'Connor, Vice President and General Counsel, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Services

We're here to help you. We can give you information in other formats and different languages. All translation services are free to members. If you have questions regarding this document, please call the toll-free member phone number listed on your health plan ID card, (TTY:711), Monday through Friday, 8:00 a.m. - 6:00 p.m.

BeHealthy Partnership members, this information is about your BeHealthy Partnership benefits. If you have questions, need this document translated, need someone to read this or other printed information to you, or want to learn more about any of our benefits or services, call the toll-free member phone number listed on your health plan ID card, (TTY: 711), Monday through Friday, 8:00 a.m. – 6:00 p.m. For questions about your Behavioral Health, call MBHP at: (800) 495-0086 (TTY: (617) 790-4130) 24 hours a day, 7 days a week, or visit www.masspartnership.com.

Medicare Advantage members, Health New England Medicare Advantage is an HMO and HMO-POS Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. If you have any questions regarding this document, please contact the toll-free member phone number listed on your health plan ID card, (TTY: 711).

Last Reviewed: 7/31/2019

English	You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. (TTY: 711)
Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. (TTY: 711)
Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. (TTY: 711)
Chinese	您有權免費以您使用的語言獲得幫助和訊息。如需口譯員，請撥打您的保健計劃 ID 卡上列出的免費會員電話號碼，按 0。(TTY: 711)
French Creole	Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. (TTY: 711)
Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. (TTY: 711).
Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия (телетайп: 711)
Arabic	يحق لك الحصول على المساعدة والمعلومات بلغتك مجانًا. لطلب مترجم، اتصل برقم هاتف العضو المجاني على بطاقة تعريف خطتك الصحية، ثم اضغط على 0. (TTY:711)
Mon-Khmer, Cambodian	អ្នកមានសិទ្ធិទទួលជំនួយ និងព័ត៌មាន ជាភាសារបស់អ្នក ដោយមិនអ្វីថ្លៃ។ ដើម្បីសួរសុំសេវា ឬ អ្នកបកប្រែ សូមទូរស័ព្ទលេខឥតគិតថ្លៃសម្រាប់សមាជិក ឬ លាសកក់នៅកន្លែងប័ណ្ណ ID គំរោងស ឧភាពរបស់អ្នក រួច ចុចលើលេខ ០។ (TTY: 711)
French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. (ATS: 711).
Italian	Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti (TTY: 711).
Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711
Greek	Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να ζητήσετε διερμηνέα, καλέστε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στην κάρτα μέλους ασφάλισης, πατήστε 0. (TTY: 711).
Polish	Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wcisnij 0. (TTY: 711).
Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुआबिए के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फोन करें, 0 दबाएं। TTY 711
Gujarati	તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુઆબિયાની વિનંતી કરવા માટે તમારા હેલ્થ પ્લાન ID કાર્ડ પર જણાવેલા ટોલ-ફ્રી નંબર પર કોલ કરો અને 0 દબાવો. (TTY: 711).
Lao	ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທິດບັນພາສາຂອງທ່ານ ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍ ຮ້ອງນາຍພາສາ, ໂທພຣິຫາຫມາຍເລກໂທລະສັບ ສາລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 0. (TTY: 711).
Albanian	Ju keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të kërkuar një përkthyes, telefononi në numrin që gjendet në kartën e planit tuaj shëndetësor, shtypni 0. (TTY: 711).
Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. (TTY: 711).



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health New England (HNE) knows how important it is to protect your privacy at all times and in all settings. This Notice of Privacy Practices describes how HNE may collect, use and disclose your protected health information, and your rights concerning your protected health information. “Protected health information” or “PHI” is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

State and federal law require us to maintain the privacy of your protected health information. The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) also requires us to provide you this notice about our legal duties and privacy practices.

This notice takes effect July 15, 2019. We must follow the privacy practices described in this Notice while it is in effect. We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain. This Notice replaces any other information you have previously received from us with respect to your PHI. Whenever we make an important change, we will publish the updated Notice on our website at <http://healthnewengland.org/notice-of-privacy-practices>. We will inform subscribers whenever we make a material change to the privacy practices described in this notice in one of our periodic mailings.

How does HNE protect my personal health information?

HNE has a detailed policy on confidentiality. All HNE employees are required to protect the confidentiality of your PHI. An employee may only access your information when they have an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands the policy. On an annual basis, HNE will send a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline, up to and including dismissal. If you would like a copy of HNE’s Policy on Confidentiality, you may request a copy from HNE Member Services. In addition, HNE includes confidentiality provisions in all of its contracts with plan providers. HNE also maintains physical, electronic, and procedural safeguards to protect your information.

How does HNE collect protected health information?

HNE gets PHI from:

- Information we receive directly or indirectly from you, your employer or benefits plan sponsor through applications, surveys, or other forms (e.g., name, address, social security number, date of birth, marital status, dependent information, employment information and medical history).
- Providers who are treating you or who are involved in your treatment and/or their staff when they submit claims or request authorization on your behalf for certain services or procedures.
- Attorneys who are representing our members in automobile accidents or other cases.
- Insurers and other health plans.

How does HNE use and disclose my protected health information?

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. We can use or disclose your PHI for some reasons without your written agreement. For other reasons, we need you to agree in writing that we can use or disclose your PHI.

Uses and Disclosures for Treatment, Payment and Health Care Operations: HNE uses and discloses protected health information in a number of different ways in connection with your treatment, the payment for your health care, and our health care operations. We can also disclose your information to providers and other health plans that have a relationship with you, for their treatment, payment and some limited health care operations. The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make without your authorization for these purposes:

Treatment: We may disclose your protected health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. We may also disclose your protected health information to health care providers (including their employees or business associates) in connection with preventive health, early detection and disease and case management programs.

Payment: We will use and disclose your protected health information to administer your health benefits policy or contract, which may involve:

- Determining your eligibility for benefits;
- Paying claims for services you receive;
- Making medical necessity determinations;
- Coordinating your care, benefits or other services;
- Coordinating your HNE coverage with that of other plans (if you have coverage through more than one plan to make sure that the services are not paid twice);
- Responding to complaints, appeals and external review requests;
- Obtaining premiums, underwriting, ratemaking and determining cost sharing amounts; and
- Disclosing information to providers for their payment purposes.

Health Care Operations: We will use and disclose your protected health information to support HNE's other business activities, including the following:

- Conducting quality assessment activities, or for the quality assessment activities of providers and other health plans that have a relationship with you;
- Developing clinical guidelines;
- Reviewing the competence or qualifications of providers that treat our members;
- Evaluating our providers' performance as well as our own performance;
- Obtaining accreditation by independent organizations such as the National Committee for Quality Assurance;
- Maintaining state licenses and accreditations;
- Conducting or arranging for medical review, legal services and auditing functions including fraud and abuse detection and compliance programs;
- Business planning and development, including the development of HNE's drug formulary;
- Operation of preventive health, early detection and disease and case management and coordination of care programs, including contacting you or your doctors to provide appointment reminders or information about treatment alternatives, therapies, health care providers, settings of care or other health-related benefits and services;
- Reinsurance activities; and
- Other general administrative activities, including data and information systems management and customer service.

Health Information Exchanges: We participate in secure health information exchanges ("HIEs"), such as those operated by Pioneer Valley Information Exchange and the Massachusetts statewide HIE ("Mass HIway"). HIEs help coordinate patient care efficiently by allowing health care providers involved in your care to share health information with each other in a secure and timely manner. Your health information will be accessed, used and disclosed via the HIEs in which Health New England participates for purposes of treatment, payment and health care operations.

Other Permitted or Required Uses and Disclosures of Protected Health Information: In addition to treatment, payment and health care operations, federal law allows or requires us to use or disclose your protected health information in the following additional situations without your authorization:

Required by Law: We may use or disclose your protected health information to the extent we are required to do so by state or federal law. For example, the HIPAA law compels us to disclose PHI when required by the Secretary of the Department of Health and Human Services to investigate our compliance efforts.

Public Health Activities: We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability. We also may have to disclose your PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading the disease. In addition, we may make disclosures to a person subject to the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.

Abuse or Neglect: We may make disclosures to government authorities if we believe you have been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.

Health Oversight: We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.

Legal Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

Coroners, Funeral Directors and Organ Donation: We may disclose your protected health information in certain instances to coroners, funeral directors and organizations that help find organs, eyes, and tissue to be donated or transplanted.

Threat to Health or Safety: If we believe that a serious threat exists to your health or safety, or to the health and safety of any other person or the public, we will notify those persons we believe would be able to help prevent or reduce the threat.

Military Activity and National Security: We may disclose your protected health information to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

Correctional Institutions: If you are an inmate in a correctional facility, we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or the health and safety of you or others.

Workers' Compensation: We may disclose your protected health information to the extent required by workers' compensation laws.

Will HNE give my PHI to my family or friends?

We will only disclose your PHI to a member of your family (including your spouse), a relative, or a close friend in the following circumstances:

- You have authorized us to do.
- That person has submitted proof of legal authority to act on your behalf.
- That person is involved in your health care or payment for your health care and needs your PHI for these purposes. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We will only release the PHI that is directly relevant to their involvement.
- We may share your PHI with your friends or family members if professional judgment says that doing so is in your best interest. We will only do this if you are not present or you are unable to make health care decisions for yourself. For example, if you are unconscious and a friend is with you, we may share your PHI with your friend so you can receive care.
- We may disclose a minor child's PHI to their parent or guardian. However, we may be required to deny a parent's access to a minor's PHI, for example, if the minor is an emancipated minor or can, under law, consent to their own health care treatment.

Will HNE disclose my personal health information to anyone outside of HNE?

HNE may share your protected health information with affiliates and third party "business associates" that perform various activities for us or on our behalf. For example, HNE may delegate certain functions, such as medical management or claims repricing, to a third party that is not affiliated with HNE. HNE may also share your personal health information with an individual or company that is working as a contractor or consultant for HNE. HNE's financial auditors may review claims or other confidential data in connection with their services. A contractor or consultant may have access to such data when they repair or maintain HNE's computer systems. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information.

HNE may also disclose information about you to your Primary Care Physician, other providers that treat you and other health plans that have a relationship with you, for their treatment, payment and some of their health care operations.

Will HNE disclose my personal health information to my employer?

In general, HNE will only release to your employer enrollment and disenrollment information, information that has been de-identified so that your employer can not identify you or summary health information. If your employer would like more specific PHI about you to perform plan administration functions, we will either get your written permission or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI, and they agree that they will not use or disclose the information for employment-related actions and decisions. Talk to your employer to get more details.

When does HNE need my written authorization to use or disclose my personal health information?

We have described in the preceding paragraphs those uses and disclosures of your information that we may make either as permitted or required by law or otherwise without your written authorization. For other uses and disclosures of your medical information, we must obtain your written authorization. A written authorization request will, among other things, specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

Many members ask us to disclose their protected health information to third parties for reasons not described in this notice. For example, elderly members often ask us to make their records available to caregivers. To authorize us to disclose any of your protected health information to a person or organization for reasons other than those described

in this notice, please call our Member Services Department and ask for an Authorization of Personal Representative Form (also found on HNE's website at <https://healthnewengland.org/forms>). You should return the completed form to HNE's Enrollment Department at One Monarch Place, Suite 1500, Springfield, MA 01144. You may revoke the authorization at any time by sending us a letter to the same address. Please include your name, address, member identification number and a telephone number where we can reach you.

What are my rights with respect to my PHI?

The following is a brief statement of your rights with respect to your protected health information:

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your protected health information for treatment, payment or health care operations or to others involved in your health care. However, we are not required to agree to these restrictions. If we do agree to a restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed for an emergency.

Right to Request Confidential Communications: You have the right to request to receive communications of protected health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you. We will accommodate reasonable requests. Your request must be in writing.

Right to Access Your Protected Health Information: You have the right to see and get a copy of the protected health information about you that is contained in a "designated record set," with some specified exceptions. Your "designated record set" includes enrollment, payment, claims adjudication, case or medical management records and any other records that we use to make decisions about you. Requests for access to copies of your records must be in writing and sent to the attention of the HNE Legal Department. Please provide us with the specific information we need to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies.

Right to Amend Your Protected Health Information: You have the right to ask us to amend any protected health information about you that is contained in a "designated record set" (see above). All requests for amendment must be in writing and on a HNE Request for Amendment form. Please contact the HNE Legal Department to obtain a copy of the form. You also must provide a reason to support the requested amendment. In certain cases, we may deny your request. For example, we may deny a request if we did not create the information, as is often the case for medical information in our records. All denials will be made in writing. You may respond by filing a written statement of disagreement with us, and we would have the right to rebut that statement. If you believe someone has received the unamended protected health information from us, you should inform us at the time of the request if you want them to be informed of the amendment.

Right to Request an Accounting of Certain Disclosures: You have the right to have us provide you an accounting of times when we have disclosed your protected health information for any purpose other than the following: (i) treatment, payment or health care operations; (ii) disclosures to others involved in your health care; (iii) disclosures that you or your personal representative have authorized; or (iv) certain other disclosures, such as disclosures for national security purposes. All requests for an accounting must be in writing. We will require you to provide us the specific information we need to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee.

Right to Request a Copy of this Notice: If you have received this notice electronically, you have the right to obtain a paper copy of this notice upon request.

Who should I contact if I have a question about this notice or a complaint about how HNE is using my personal health information?

To exercise your rights under this Notice or to file a complaint with HNE, please call us at (413) 787-4004, toll-free at (800) 310-2835 (TTY: 711) or write to:

Privacy Officer - Compliance Department
Health New England
One Monarch Place, Suite 1500
Springfield, MA 01144-1500

Complaints to the Federal Government: If you believe your privacy rights have been violated, you also have the right to file a complaint with the Secretary of the Department of Health and Human Services at <https://www.hhs.gov/ocr/complaints/index.html>.

You will not be retaliated against for filing a complaint with us or the federal government.

Last revised: 7/15/2019

Health New England Medicare Advantage Plans - H8578

2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. A Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, Health New England Medicare Advantage Plans received the following Overall Star Rating from Medicare.

★★★★ 4 stars

We received the following Summary Star Rating for Health New England Medicare Advantage Plans' health/drug plan services:

Health Plan Services: ★★★½ 3.5 stars

Drug Plan Services: ★★★★★½ 4.5 stars

The number of stars shows how well our plan performs.

★★★★★ 5 stars - excellent

★★★★ 4 stars - above average

★★★ 3 stars - average

★★ 2 stars - below average

★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at (877) 443-3314 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members, please call (877) 443-3314 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Where you matter.

At Health New England, our mission is to improve the health and lives of the people in our communities, and we are deeply committed to the individuals we serve every day. Based in Springfield, Massachusetts, we have been meeting the health care needs of our members for more than 30 years.

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